



DOR USE ONLY	
<input type="checkbox"/>	Mandatory
<input type="checkbox"/>	Voluntary

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER AND DISCLOSURE AGREEMENT

### Part I: Taxpayer Information (required)

1 BUSINESS NAME			7 EFT CONTACT NAME		
2 BUSINESS STREET ADDRESS 1			8 EFT CONTACT TITLE		
3 BUSINESS STREET ADDRESS 2			9 BUSINESS PHONE NUMBER WITH AREA CODE (       )		
4 BUSINESS CITY	5 STATE	6 ZIP CODE	10 EFT CONTACT E-MAIL ADDRESS		

### Part II: Tax Type/Payment Method and Agreement Information

Check and complete only each tax type/payment method that requires action. Check the box next to the applicable tax type and payment method; fill in the applicable taxpayer identification number.

11 <input type="checkbox"/> <b>Estimated Corporate Income Tax</b> EIN: _____ <input type="checkbox"/> Modify existing account	12 <input type="checkbox"/> <b>Withholding (W/H) Tax</b> EIN: _____ <input type="checkbox"/> Modify existing account W/H No.: _____	13 <input type="checkbox"/> <b>Transaction Privilege &amp; Use Tax</b> AZ State No: _____ <input type="checkbox"/> Modify existing account
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### Part III: ACH Debit Option

(Complete this section only if you select or are currently using the **debit** option.)

Complete the requested information regarding the financial institution to be used. If payments are to be debited to the taxpayer's account, the form must be signed and dated by a person in the taxpayer's organization who is an authorized signatory on the account specified below. If payments are to be debited to a payroll service's account, the form must be signed and dated by a person in the payroll service's organization who is authorized to enter into this agreement on behalf of the payroll service and is an authorized signatory on the account specified below.

14 If paying using the <b>DEBIT</b> method, how would you like to make EFT payments? <input type="checkbox"/> Internet <input type="checkbox"/> Touch-tone phone <input type="checkbox"/> Both	15 ACCOUNT NAME	17 ACCOUNT NUMBER
	16 ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	18 FINANCIAL INSTITUTION ROUTING/ TRANSIT NUMBER (ABA)

### Part IV: ACH Debit Option

- ☐ I hereby authorize the Arizona Department of Revenue to process **debit** entries from the bank account specified above. These debits will pertain only to electronic funds transfer payments the above-named taxpayer or their agent initiates for payment of the tax type(s) specified above.

### Part V: ACH Credit Option

- ☐ I hereby request that the Arizona Department of Revenue grant authority for the above-named taxpayer or their agent (Part I) to initiate ACH **credit** transactions to the Department of Revenue bank account. It is understood that these transactions must be in the NACHA CCD+ format using the Tax Payment Convention and may only be initiated for the tax type(s) specified in Part II.

### Part VI: Disclosure Agreement

- ☐ Check this box only if a **third party not named on this form is being designated** by the taxpayer indicated in Part I to receive taxpayer confidential information from the Arizona Department of Revenue. By signing this form, the undersigned authorizes the department to release confidential information relating to Arizona Department of Revenue Authorization Agreement and Disclosure Agreement for Electronic Funds Transfer authorization to:

- ☐ This Disclosure Agreement automatically revokes all earlier EFT authorization agreements and disclosure agreements on file with the Arizona Department of Revenue. Check this box if you do not want to revoke a prior EFT authorization agreement and disclosure agreement. **You MUST attach a copy of any prior agreements you want to remain in effect.**

This form is **not** a Power of Attorney and does not grant the contact person(s) any power of representation. This disclosure authorization is to remain in force until rescinded by the undersigned. By signing this form, I certify that I have the authority to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s).

Taxpayer's Authorized Signature	Title	Date
Payroll / Accounting Service Group's Authorized Signature	Title	Date